



Woodruff High School
 710 Cross Anchor Highway
 Woodruff, SC 29388

PHONE: (864) 476-7045 FAX: (864) 476-7224

Mr. Aaron Fulmer
Principal

Withdrawal/Transfer Form

_____	_____	_____	_____
Last Name	First Name	Middle Name	State ID Number
_____	_____	_____	_____
Date of Birth	Gender	Race	Power School ID Number
_____	_____	_____	_____
_____	_____	_____	_____
Withdrawal Date	9 GR	Grade Level	

Current Phone Number: _____

- Transferred to Instate School _____
- Transferred to Out of State School _____
- Transferred to DIPLOMA Program
- Transferred to NON-DIPLOMA/GED Program
- Transferred to Virtual School
- No-Show Dropout
- No-Show Retained in Grade 8
- No-Show Transferred to Another School
- No-Show Roll-Up/Transferred to in Grade 8
- Student Incarcerated (DJJ or DOC)
- Early Graduate
- Foreign Exchange Student
- Transferred to Home School

Special Education - Yes No *Classif* _____
Diploma _____ *Non-Diploma* _____
 Self-Contained - Yes No 504 Plan - Yes No

Notify the following:

Attendance _____
 Teachers _____

Check with the following for fees owed

Library/Ms. Hitchcock _____
 Fees/Ms. Baggett (school) _____
 (books) _____ } _____
 (lunch) _____ }

Locker _____ Cleared _____

Lunch Status - *Free Reduced Full Pay*

<u>Subject</u>	<u>Teacher</u>	<u>Withdrawal Grade</u>	<u>Semester Grade</u>	<u>Book Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature _____

Counselor's Signature _____

Tonya Casey/Guidance Registrar